

VOLUNTEER APPLICATION

Position you are applying for: _____

PERSONAL INFORMATION

Name: _____ E-Mail address: _____

Address: _____
(Street address & apartment number)

Cell phone: (____) _____

(City, state & zip)2nd phone: (____) _____**EMERGENCY CONTACT INFORMATION**

Name: _____ Relationship _____

Cell phone: (____) _____ 2nd phone: (____) _____**GENERAL INFORMATION**

Are you 18 years of age or older? ____Yes or ____No

Do you have a valid driver's license? ____Yes or ____No

If you are 14 to 17 years of age and volunteering for more than 4 hours per week for 4 or more weeks, attach a work permit.

Have you ever been convicted or pled guilty to a crime? ____Yes or ____No If yes, describe in full: _____

Are there any felony charges pending against you? ____Yes or ____No If yes, describe in full: _____

Are you related to a Wyoming employee or elected official? ____Yes or ____No If yes, the name & position: _____

Please list any languages, skills, hobbies or interests you have that will help you perform in this volunteer position: _____

Note your availability for work in the morning, afternoon or evening each day of the week:

Day		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Morning							
	Afternoon							
	Evening							

If you need a special accommodation, please describe: _____

REFERENCE INFORMATION

Please provide names and contact information for 2 persons who are not related to you but know your character and abilities.

Name: _____ How do you know them? _____

E-mail: _____ Cell phone: (____) _____

Name: _____ How do you know them? _____

E-mail: _____ Cell phone: (____) _____

CONTINUED ON REVERSE SIDE

CITY OF WYOMING
VOLUNTEER APPLICATION AUTHORIZATION, CERTIFICATION, WAIVER, AND AGREEMENT

1. I authorize the City of Wyoming (**City**) to contact references listed in this application and any prior employer, educational institution, or other persons or organizations and authorize all such persons to give the City any information concerning my previous employment, educational accomplishments, disciplinary record, or any other information they may have, personal or otherwise. I understand that information may contain my Social Security Number. I release the City and all parties providing information from all liability for any damage that may result from requesting or providing such information to the City and I waive any notice that information is being provided to the City by any person or organization.

2. I authorize the City to obtain criminal conviction, felony arrest, and driving record information from the appropriate government agencies if the City determines it is necessary or prudent.

3. If conditionally offered a volunteer position, I agree and consent to:

A. Any physical testing or examination that may be necessary to determine my ability to perform the duties of the position for which I am being considered.

B. Medical tests to determine the presence of alcohol, drugs or controlled substances administered by a testing service chosen by the City.

I also authorize any medical provider conducting that examination, administering those tests, or in possession of any medical reports or records pertaining to me to release the results of such examination or tests, or such records or reports to the City.

4. If I am accepted for a volunteer position with the City, I consent to be tested in the above manner while in that position when required by federal, state or local law, business necessity, City policy, or a reasonable suspicion of drug or alcohol use. I acknowledge that remaining free of illegal and improper drug and alcohol use is a condition of my volunteer position.

5. If selected for a volunteer position with the City, I agree to comply with all policies and rules of the City, and I understand that my volunteer position is "at will" and can be terminated with or without cause and with or without notice at any time by either me or the City. This application does not constitute an agreement for employment of any kind or for any specified period. No City representative except the City Manager is authorized to enter into an employment agreement of any kind or for any specified period or to make any agreement contrary to the statements on this page. Any agreement for employment must be in writing, signed by me and the City Manager or the City Manager's authorized designee.

6. I certify that the information in this application and any supplemental documents is correct, true, and complete to the best of my knowledge. I certify I have not withheld any fact or circumstance that could, if disclosed, unfavorably affect my application. I understand that any misrepresentation, deception, omission, or false statement made in connection with this application may result in my not being further considered, and, if not discovered by the City until after I become a volunteer, may result in my immediate dismissal.

7. If I become a City volunteer, I promise to treat all persons with courtesy, dignity and respect. I promise not to discriminate against or to treat anyone differently due to their race, color, religion, national origin, age, sex, gender, height, weight, marital status, familial status, mental or physical disability, genetic information, or any other reason prohibited by law. I will comply with the City's Civil Rights Policy and I will notify City staff if I see or suspect a violation of that policy.

8. I understand and agree that, if I am selected as a City volunteer, I will not receive any compensation for any services I provide. Similarly, the City will not provide any insurance or other benefits and that, if injured, I will not be covered by workers' disability compensation benefits or any insurance coverage.

9. For myself and my heirs, administrators, personal representatives or assignees (or if signing as a parent or guardian for a volunteer), I release, waive, and discharge, and further agree to indemnify, hold harmless and/or reimburse, the City and its officers, employees, agents, representatives, insurers, and others acting on their behalf for from all claims, demands, and actions which I or any other person or legal entity may have or claim to have, known or unknown, directly or indirectly, for any losses, damages, injuries or death arising out of, during, or in connection with my service as a volunteer, any travel associated with it, or the rendering to or by me of first aid or medical procedures or treatment.

10. I grant the City permission to use any photos or videos that include me or my likeness (or if I am signing as a parent or legal guardian, the image or likeness of the Volunteer) in any publication, Internet or other distribution for the City or its departments or programs.

11. To the extent permitted under applicable law, the City will treat the information on this application in a confidential manner.

SIGNATURE, AUTHORIZATION, CERTIFICATION, WAIVER, AND AGREEMENT

By signing below, I am representing and promising that I read, understand, and agree with this Authorization, Certification, Waiver, and Agreement on this Application. If I am signing as the Applicant's parent or legal guardian, I am also committing to ensure the Applicant to abide by the statements on this page.

Applicant's signature: _____

Date signed: _____

If the Applicant is under 18 years of age, the Applicant's parent or legal guardian must give consent by signing below:

Parent/Guardian's signature: _____

Date signed: _____

Parent/legal guardian's name: _____

Relationship to Applicant: _____

CITY OF WYOMING

Authorization to Obtain Criminal History Information, Driving History Information and Release of Information for Appointments and Volunteers

I authorize the City of Wyoming and its designated officers, employees, agents and representatives to conduct a comprehensive review of my background through a criminal history check to be generated for selection or retention an appointee or volunteer. I understand the scope of the criminal history check may include records from any criminal justice agency or other source of criminal history information in or covering any or all federal, state, or local jurisdictions.

I authorize the City of Wyoming and its officers, employees, designated agents and representatives to conduct a comprehensive review of my background through a driving history check to be generated for selection or retention as an appointee or volunteer. I understand the scope of the driving history check may include records from any public agency or other source of driving history information in or covering any or all federal, state or local jurisdictions.

I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, public agency, or other entity may have. I understand that I must provide my date of birth and driver's license number to adequately complete that screening. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that a copy of this authorization may be used at any time to initiate a criminal history check and a driving history check.

Printed Full Legal Name: _____
First Middle Last

Signature: _____ Date: _____

CITY OF WYOMING

Release of Liability

I release and hold harmless the City of Wyoming and its officers, employees, agents, officials, representatives or assigned agencies, both individually and collectively, from all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with the authorization and request to release information in the preceding form or the authorizations I have given the City in connection with consumer reports or investigative consumer reports under the Fair Credit Reporting Act.

Printed Full Legal Name: _____
First Middle Last

Signature: _____ Date: _____

CITY OF WYOMING

**Authorization to Obtain Criminal History Information, Driving History
Information and Release of Information for Volunteers**

I hereby authorize the City of Wyoming and its designated agents and representatives to conduct a comprehensive review of the below-referenced minor's background through a criminal history check to be generated for selection or retention as a volunteer. I understand the scope of the criminal history check may include records from any criminal justice agency or other source of criminal history information in or covering any or all federal, state or county jurisdictions.

I hereby authorize the City of Wyoming and its designated agents and representatives to conduct a comprehensive review of the below-referenced minor's background through a driving history check to be generated for selection or retention as a volunteer. I understand the scope of the driving history check may include records from any public agency or other source of driving history information in or covering any or all federal, state or county jurisdictions.

I authorize the complete release of these records or data pertaining to the below-referenced minor which an individual, company, firm, corporation or public agency may have, and I understand that I must provide the minor's date of birth to adequately complete said screening. **I further understand that this information may be used by the City for volunteer-related decisions regarding the below-referenced minor, and understand that said minor has the right to review any records or data received by the City in response to requests authorized by this form and dispute the accuracy of any information contained therein.**

I am authorizing that a photocopy of this authorization be accepted with the same authority as the original, and understand that such photocopy may be used at any time to initiate a criminal history check and a driving history check.

Minor Applicant's Printed Full Legal Name: _____
First Middle Last

Parent or Guardian's Name (print): _____

Parent or Guardian's Signature: _____ Date: _____

Note that minors under the age of 18 are not legally allowed to consent to background checks, and parents or legal guardians are required to sign.

CITY OF WYOMING

Release of Liability

I hereby release and hold harmless the City of Wyoming and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with the authorization and request to release contained in the preceding form or the authorizations I have given the City in connection with consumer reports or investigative consumer reports under the Fair Credit Reporting Act.

Minor Applicant's Printed Full Legal Name: _____
First Middle Last

Parent or Guardian's Name (print): _____

Parent or Guardian's Signature: _____ Date: _____

CITY OF WYOMING

**Authorization to Obtain Criminal History Information, Driving History
Information and Release of Information for Appointment and Volunteer Purposes**

Please Print Clearly

Name (Full): _____
First Middle Last

Print All Former Names Used: _____

Date of Birth: ____/____/____ Gender: _____ Race: _____

Telephone Number: (____) _____

Current Street Address: _____

City: _____ State: _____ Zip: _____

Prior residences, past five (5) years:

From: _____ To: _____

From: _____ To: _____

The following section to be completed if driving history is required:

Driver's License Number: _____ State Issued: _____

Name on Driver's License: _____ Expiration Date: _____

List all traffic violations you have received in the last five (5) years. Do not include parking violations. Include date of violation, nature of violation, and state points received.

List all driving accidents you have been involved in within the last five (5) years.

Has your Driver's License ever been revoked or suspended? Yes _____ No _____

If yes, explain in detail, including when and why: _____

I certify that the information I have provided above is true and correct and complete to the best of my knowledge, and that I have not withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any misrepresentation, deception, omission or false statement may result in my not being further considered for a appointment or volunteer position and if not discovered by the City until after my becoming a board and commission member or volunteer may result in my immediate dismissal.

Signature: _____

Date: _____